



**Prairie Band Potawatomi Nation**  
 Social Services Department  
 Children and Family Services Program  
 PO Box 174 – 11400 158<sup>th</sup> Road, Mayetta, KS 66509  
 Phone: 785-966-8330 Fax: (785) 966-8388 Toll Free: (888) 966-2932

Today's Date: \_\_\_\_\_

**Suspected Child Abuse/Neglect Form**

*Instructions: fill in as much information as you have available. Children and Family Services Program will contact you with follow-up questions, if needed. Once completely filled out turn into the Children and Family Services Intake Department, ([Intake@pbpnation.org](mailto:Intake@pbpnation.org)). If able you may also submit to the confidential FAX: (785) 966-8385*

Child(ren) Names	Tribal Name	Age/DOB	Enrolled Tribe	Victim/Family Member	Whom child reside
1.					
2.					
3.					
4.					
5.					
6.					

Parent/Guardian/Tribal Name	Age/DOB	Enrolled Tribe	Phone Number
Address	City	State	Zip Code
Parent/Guardian/Tribal Name	Age/DOB	Enrolled Tribe	Phone Number
Address	City	State	Zip Code

Alleged Perpetrator/Tribal Name	Age/DOB	Relation/Victim(s)	Phone Number



<b>Please list any known dangers: i.e, animals or weapons</b>			
<b>Reporter Name</b>	<b>Relation/Victim</b>	<b>Phone Number</b>	<b>Address</b>

*\*All reporters will remain confidential. Reports can be made anonymously; however, Children and Family Services Program will use the contact information of the reporter for any follow-up questions to this report.*

\_\_\_\_\_  
Signature of Reporter

\_\_\_\_\_  
Date

<b>Office Use Only</b>	
Received by:	Date:
Date entered into TAS:	Entered into TAS by:
CIF Number:	
Type of case:	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Delinquent <input type="checkbox"/> Abandonment <input type="checkbox"/> Truancy <input type="checkbox"/> Medical <input type="checkbox"/> Other:
Reporter source of information:	<input type="checkbox"/> First-hand knowledge <input type="checkbox"/> Child disclosure <input type="checkbox"/> Judgement based upon circumstantial evidence <input type="checkbox"/> Second-hand information
Intake decision:	<input type="checkbox"/> Information only <input type="checkbox"/> Does not meet Minimum Criteria for Action <input type="checkbox"/> Welfare check – referred to: _____ <input type="checkbox"/> Accepted for investigation – referred to: _____ <input type="checkbox"/> Third party report – refer to: